



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

FOR OFFICE USE ONLY

Site #: _____

Facility Site ID #: _____

INSTRUCTIONS

When a release has not been confirmed and reported, this Site Check/Site Assessment Checklist must be completed and signed by a person certified by ICC or a Washington registered professional engineer who is competent, by means of examination, experience, or education, to perform site assessments. **The results of the site check or site assessment must be included with this checklist.** This form must be submitted to Ecology at the address shown below within 30 days after completion of the site check/site assessment.

SITE INFORMATION: Include the Ecology site ID number if the tanks are registered with Ecology. This number may be found on the tank owner's invoice or tank permit.

TANK INFORMATION: Please list all tanks for which the site check or site assessment is being conducted. Use the owner's tank ID numbers if available, and indicate tank capacity and substance stored.

REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT: Please check the appropriate item.

CHECKLIST: Please initial each item in the appropriate box.

SITE ASSESSOR INFORMATION: This information must be signed by the registered site assessor who is responsible for conducting the site check/site assessment.

**Underground Storage Tank Section
Department of Ecology
PO Box 47655
Olympia WA 98504-7655**

SITE INFORMATION

Site ID Number (Available from Ecology if the tanks are registered): _____

Site/Business Name: _____

Site Address: _____ Telephone: (____) _____

Street

City

State

Zip Code

TANK INFORMATION

Tank ID No.

Tank Capacity

Substance Stored

_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

_____ Investigate suspected release due to on-site environmental contamination.

_____ Investigate suspected release due to off-site environmental contamination.

_____ Extend temporary closure of UST system for more than 12 months.

_____ UST system undergoing change-in-service.

_____ UST system permanently closed with tank removed.

_____ Abandoned tank containing product.

_____ Required by Ecology or delegated agency for UST system closed before 12/22/88.

_____ Other (describe): _____

CHECKLIST

Each item of the following checklist shall be initialed by the person registered with the Department of Ecology whose signature appears below.

	YES	NO
1. The location of the UST site is shown on a vicinity map.		
2. A brief summary of information obtained during the site inspection is provided. (see Section 3.2 in site assessment guidance)		
3. A summary of UST system data is provided. (see Section 3.1.)		
4. The soils characteristics at the UST site are described. (see Section 5.2)		
5. Is there any apparent groundwater in the tank excavation?		
6. A brief description of the surrounding land use is provided. (see Section 3.1)		
7. Information has been provided indicating the number and types of samples collected, methods used to collect and analyze the samples, and the name and address of the laboratory used to perform the analyses.		
8. A sketch or sketches showing the following items is provided:		
- location and ID number for all field samples collected		
- groundwater samples distinguished from soil samples (if applicable)		
- samples collected from stockpiled excavated soil		
- tank and piping locations and limits of excavation pit		
- adjacent structures and streets		
- approximate locations of any on-site and nearby utilities		
9. If sampling procedures different from those specified in the guidance were used, has justification for using these alternative sampling procedures been provided? (see Section 3.4)		
10. A table is provided showing laboratory results for each sample collected including; sample ID number, constituents analyzed for and corresponding concentration, analytical method and detection limit for that method.		
11. Any factors that may have compromised the quality of the data or validity of the results are described.		
12. The results of this site check/site assessment indicate that a confirmed release of a regulated substance has occurred.		

SITE ASSESSOR INFORMATION

Person registered with Ecology		Firm Affiliated with	
Business Address: _____		Telephone: (____) _____	
Street			
City	State	Zip Code	
 <i>I hereby certify that I have been in responsible charge of performing the site check/site assessment described above. Persons submitting false information are subject to penalties under Chapter 173.360 WAC.</i>			
Date		Signature of Person Registered with Ecology	

If you need this publication in an alternate format, please contact Toxics Cleanup Program at (360) 407-7170. For persons with a speech or hearing impairment call 711 for relay service or 800-833-6388 for TTY.